

**Inland Regional Center  
Home and Community-based Services Waiver  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services  
and  
Department of Health Care Services**

**March 17 - 28, 2008**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from March 17 - 28, 2008 at Inland Regional Center (IRC). The monitoring team members were Jeffrey Greer (Team Leader), Mary Ann Smith, Mike Haft, and Jim Knight from DDS, and Jayné Buchanan, Raylyn Garrett, Annette Hanson, Patrick McMahan, and Katherine Page from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 94 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of January 1 through December 31, 2007.

The monitoring team completed visits to 14 community care facilities (CCFs) and 19 day programs. The team reviewed 15 CCF and 29 day program consumer records and had face-to-face visits with 68 selected sample consumers.

## Overall Conclusion

IRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by IRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by IRC in response to each of the specific recommendations within 30 days following receipt of this report.

## Major Findings

### Section I – Regional Center Self Assessment

The self assessment responses indicated that IRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

### Section II – Regional Center Consumer Record Review

Ninety-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 95-100% in compliance for 30 applicable criteria. One criterion was rated as not applicable for this review.

The sample records were 99% in compliance for this review. IRC's records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2003.

### Section III – Community Care Facility Consumer (CCF) Record Review

Fifteen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. IRC's records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2003.

### Section IV – Day Program Consumer Record Review

Twenty-nine consumer records were reviewed at 19 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97-100% in compliance for the 17 criteria.

The sample records were 99% in overall compliance for this review. IRC's records were 98% and 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2003, respectively.

#### Section V – Consumer Observations and Interviews

Sixty-eight sample consumers were observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. The interviewed consumers indicated that they were satisfied with their services, health and choices.

#### Section VI A – Service Coordinator Interviews

Nineteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

#### Section VI B – Clinical Services Interview

IRC's Clinical Services Coordinator was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

#### Section VI C – Quality Assurance Interview

A Consumer Program Liaison was interviewed using a standard interview instrument. The staff responded to informational questions regarding how IRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

#### Section VII A – Service Provider Interviews

Twelve CCF and four day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VII B – Direct Service Staff Interviews

Eleven CCF and four day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

The monitoring team reviewed twelve CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 94 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. IRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of the nine applicable incidents to IRC within the required timeframes, and IRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. IRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF ASSESSMENT

#### I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about Inland Regional Center's (IRC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

IRC is asked to respond to questions in five categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

#### III. Results of Assessment

The self assessment responses indicate that IRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

- ✓ The full response to the self assessment is available upon request.

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>



<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

#### II. Scope of Review

1. Ninety-four HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	33
With Family	40
Independent or Supported Living Setting	21

2. The review period covered activity from January 1, 2007 - December 31, 2007.

#### III. Results of Review

The 94 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. One supplemental record was reviewed solely for documentation that IRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))

##### Findings

Ninety-three of the 94 (99%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #XX was not signed by the consumer. During the monitoring review, IRC obtained the consumer's signature on the DS 2200 form. Accordingly, no recommendation is required.

- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

##### Finding

Eighty-nine of the 94 (95%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in five consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #XX: [REDACTED]

2. Consumer #XX: [REDACTED]

3. Consumer #XX: [REDACTED]

4. Consumer #XX: [REDACTED]  
[REDACTED]

5. Consumer #XX: [REDACTED]

2.5.b Recommendation	Regional Center Plan/Response
IRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumers #XX, #XX, and #XX due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If IRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	<p><b>Consumers #</b> [REDACTED]</p> <p><b>Consumer #</b> [REDACTED]</p> <p><b>Consumer #</b> [REDACTED]</p> <p><b>Consumer #</b> [REDACTED]</p> <p><b>SUPPORTING DOCUMENTATION IS ATTACHED.</b></p>

- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (*WIC §4646.5(a)(2)*)

#### Findings

Ninety-three of the 94 (99%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #XX did not identify the supports or services that are in place to address the consumer's need for assistance taking daily medication as noted in the ongoing SLS reports.

2.9.a Recommendation	Regional Center Plan/Response
IRC should ensure that the IPP for consumer #XX addresses the services and supports in place to assist the consumer [REDACTED]	<p><b>The IPP/AR for Consumer #XX is attached to reflect the need</b> [REDACTED]</p>

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

#### Findings

Fifty-three of the 54 (98%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #XX contained documentation of only three of the required quarterly meetings.

2.13.a Recommendation	Regional Center Plan/Response
IRC should ensure that future face-to-face meetings are completed and documented each quarter for consumer #XX.	<b>The future face-to-face meetings will take place. The records will be monitored to be sure the reports are completed each quarter they needed.</b>

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

#### Findings

Fifty-three of the 54 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #XX contained only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
IRC should ensure that future reports of progress are completed each quarter for consumer #XX.	<b>The same as 2.13a. The quarterly for 4/08 is attached. This would have been the next quarterly due after the review.</b>

Regional Center Consumer Record Review Summary Sample Size = 94 + 4 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	94			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	94			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	94			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	94			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	12		82	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	93	1		99	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	1		94	100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 94 + 4 Supplemental Record**

	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	94			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	94			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	89	5		95	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	94			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)			94	N/A	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	94			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	4		90	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	94			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	94			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 94 + 4 Supplemental Record**

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	93	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	40		54	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	33		61	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	55		39	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	21		73	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	94			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	17		77	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	94			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	94			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	4		90	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	94			100	None



Regional Center Consumer Record Review Summary Sample Size = 94 + 4 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	94			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	53	1	40	98	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	53	1	40	98	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )	3		94	100	None

## **SECTION III**

### **COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW**

#### **I. Purpose**

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

#### **II. Scope of Review**

Fifteen consumer records were reviewed at 14 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### **III. Results of Review**

The consumer records were 100% in compliance for the 19 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

Community Care Facility Record Review Summary Sample Size: Consumers = 15; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	15			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	15			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		7	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	15			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	15			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	15			100	None
3.1.i	Special safety and behavior needs are addressed.	8		7	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. ( <i>Title 17, CCR, §56019(c)(1)</i> )	15			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	15			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 15; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	11		4	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	11		4	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	4		11	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		11	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	4		11	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	15			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	8		7	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	2		13	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	2		13	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	2		13	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Twenty-nine sample consumer records were reviewed at 19 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 16 of the 17 criteria. A finding for one criterion is detailed below.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Finding and Recommendation

##### Finding

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. (*Title 17, CCR, §56730*)

Twenty-eight of the 29 (97%) sample consumer records contained authorizations for emergency medical treatment. The authorization in the record for consumer #XX at day program #XX was not signed by the consumer. Upon notification, the provider obtained the consumer's signature. Therefore, no recommendation is required.

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 29; Day Programs = 19</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. ( <i>Title 17, CCR, §56730</i> )	29			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	29			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	29			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	29			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	28	1		97	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	29			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	29			100	None

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 29; Day Programs = 19</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	29			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	21		8	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	29			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	29			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	29			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	29			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	29			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		28	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		28	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		28	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

#### II. Scope of Observations and Interviews

Sixty-eight of 94 consumers were observed and/or interviewed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Fifty-eight consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten consumers did not communicate verbally or declined to be interviewed but were observed.
- ✓ Nine consumers declined or were unavailable to be interviewed or observed.
- ✓ Seventeen minors were not scheduled to be interviewed or observed.

#### III. Results of Observations and Interviews

The consumers' overall appearance reflected personal choice and individual style. Fifty-four of the 57 interviewed consumers indicated satisfaction with their living situations, day programs, work activities, health, choices, and regional center services.

##### 1. Consumer #XX

[REDACTED]

##### 2. Consumer #XX

[REDACTED]



[REDACTED]

3. Consumer #XX [REDACTED]  
[REDACTED]

4. Consumer #XX, [REDACTED]  
[REDACTED]

IV. Recommendation

Recommendation	Regional Center Plan/Response
Inland Regional Center should follow-up with consumer #XX [REDACTED] [REDACTED]	[REDACTED]

## **SECTION VI A**

### **SERVICE COORDINATOR INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

#### **II. Scope of Interviews**

1. The monitoring team interviewed 19 Inland Regional Center (IRC) service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### **III. Results of Interviews**

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize the IRC nurses and internet medication guides as resources. IRC's clinical team schedules new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

## **SECTION VI B**

### **CLINICAL SERVICES INTERVIEW**

#### **I. Purpose**

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview with clinical services aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

#### **II. Scope of Interview**

1. The monitoring team interviewed Inland Regional Center's (IRC) Clinical Services Coordinator.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.

#### **III. Results of Interview**

1. The IRC clinical team consists of the Chief of Medical Services (MD), Clinical Services Coordinator (RN), Mental Health Liaison (MSW), Nurse Specialist (RN), a genetic nurse, registered dietitian, occupational and physical therapists, dental hygienist, and licensed clinical social workers.
2. The clinical team generally meets weekly to discuss various medical concerns or behavioral issues regarding consumers who have been referred by the service coordinators for additional assistance. The clinical team members support the service coordinators by providing additional consultation, training, referrals to local resources, or follow-up where needed. Additionally, IRC staff have access to a variety of training classes and educational materials on medications and behaviors online, through the intranet, and on-site.
3. The clinical team is actively involved in ensuring coordination of mental health care and utilizes the Mental Health Liaison to review behavior plans and monitor services received by consumers. Additionally, the liaison attends joint operation meetings with the behavioral health programs in Riverside and San Bernardino Counties. The Behavior Modification Review Committee,

- composed of the clinical team's physician, psychologist, and IRC's client rights advocate, monitors behavior plans and is available to service coordinators for consultation when behavioral or mental health issues are identified.
4. IRC has improved access to preventive health care resources for consumers by:
    - ✓ Funding additional research by the Genetics Clinic.
    - ✓ Increasing the utilization of the clinical team's dental hygienist to assist dental providers with treatment authorization requests.
    - ✓ Coordinating outpatient dental services through Loma Linda School of Dentistry and Redlands Dental Surgery Center.
    - ✓ Providing health education to consumers.
    - ✓ Utilizing the team's occupational and physical therapists to assess consumers' utilization of durable medical equipment, and to provide training to consumers, service coordinators and vendors.
  5. IRC's Chief of Medical Services plays an active role in assisting the Risk Management Committee in its review of health and medically related special incidents. The committee analyzes special incidents for trends, and makes recommendations to staff for appropriate follow-up activities, such as additional vendor or service coordinator training.
  6. IRC has developed an on-going collaboration with Inland Empire Health Plan, their local Medi-Cal Managed Care Provider. As a result of this relationship, an IRC liaison is available to assist with coordination of complex consumer health care issues.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

#### II. Scope of Interview

The monitoring team interviewed a Consumer Program Liaison who is a part of the team responsible for conducting Inland Regional Center's (IRC) QA activities.

#### III. Results of Interview

1. Consumer Program Liaisons conduct the annual Title 17 monitoring reviews at CCFs. The liaisons also conduct one of the annual unannounced visits to each CCF, while service coordinators are responsible for the other unannounced visit. The liaisons act as team leaders for the triennial QA evaluations, the more extensive reviews that may include additional regional center staff, consumers, family members, and other members of the community. Evaluation activities include a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and safety walkthroughs.
2. When issues of substantial inadequacies are identified, liaisons are responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. Additional QA visits can occur to ensure that CAP issues have been resolved or to follow-up on special incidents that are related to vendor operations, such as medication errors. Liaisons provide on-site technical assistance and training to vendors in order to help them resolve specific issues arising from these visits.
3. IRC also conducts monitoring visits at other service providers such as day programs, work activity programs, and intermediate care facilities.
4. The liaisons also participate in vendor specific training when issues are identified. Additionally, the liaisons are involved in the orientation and training for new service providers.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

#### II. Scope of Interviews

1. The monitoring team interviewed 16 service providers at 12 community care facilities (CCFs) and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

## **SECTION VII B**

### **DIRECT SERVICE STAFF INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

#### **II. Scope of Interviews**

1. The monitoring team interviewed 15 service providers at 11 community care facilities (CCFs) and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### **III. Results of Interviews**

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.



## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

#### II. Scope of Review

1. The monitoring teams reviewed a total of twelve CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

The CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. The specific findings and recommendations are detailed below.

#### IV. Findings and Recommendation

##### 8.1 g Appropriate Storage

##### Findings

At CCF #XX and CCF #XX, cooking oil was stored under the kitchen sink with dishwashing detergent. During the monitoring visit, the providers removed the oil. Accordingly, no recommendation is needed.

At CCF #XX, perishable food that should have been refrigerated was left on the stove.

8.1 g Recommendation	Regional Center Plan/Response
Inland Regional Center should ensure that the provider at CCF #XX follows proper food safety guidelines.	The liaison for CCF #XX has reviewed food safety guidelines and provided technical assistance to the licensee and staff.

## 8.2 c Non-PRN Medication Records

### Findings

At CCF #X there was a discrepancy between the medication log and a prescription label. The prescription label indicated the dosage as 300 mg. However, the medication log indicated 200 mg. The provider indicated that the difference was due to a typographical error when the medication log was transcribed, however, the consumer had been receiving the correct dosage. The provider corrected the medication log and provided a copy of the corrected document to the monitoring team. Accordingly, no recommendation is needed.

## 8.5 c Statement of Rights

### Findings

At CCF #X and day program #XX a statement of consumer rights was not posted. During the monitoring review, both providers posted a statement of consumer rights. Accordingly, no recommendation is needed.

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

#### II. Scope of Review

1. Special incident reporting of deaths by Inland Regional Center (IRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 94 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 94 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported all of the nine (100%) applicable incidents in the supplemental sample within the required timeframes.
4. IRC reported eight of the ten (80%) incidents to DDS within the required timeframes.
5. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

#### IV. Findings and Recommendation

##### Findings

Consumer # XXX: The incident was reported to IRC on January 31, 2007. However, IRC did not report the incident to DDS until February 5, 2007.

Consumer #XXX: The incident was reported to IRC on December 28, 2007. However, IRC did not report the incident to DDS until January 4, 2008.

Recommendation	Regional Center Plan/Response
IRC should ensure that all special incidents are reported to DDS within the required timeframe.	IRC has reviewed the process for reporting special incidents to DDS and all future incidents should be reported in compliance with regulations.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	XXXXXXXX	6	
2	XXXXXXXX	12	
3	XXXXXXXX	2	
4	XXXXXXXX	5	
5	XXXXXXXX	14	
6	XXXXXXXX		30
7	XXXXXXXX		31
8	XXXXXXXX	1	
9	XXXXXXXX	7	
10	XXXXXXXX	8	
11	XXXXXXXX	10	
12	XXXXXXXX		24
13	XXXXXXXX	9	
14	XXXXXXXX		20
15	XXXXXXXX		16
16	XXXXXXXX	4	
17	XXXXXXXX		30
18	XXXXXXXX	4	
19	XXXXXXXX		32
20	XXXXXXXX		26
21	XXXXXXXX	3	
22	XXXXXXXX	11	
23	XXXXXXXX	13	
24	XXXXXXXX		16
25	XXXXXXXX		15
26	XXXXXXXX		22
27	XXXXXXXX		
28	XXXXXXXX		
29	XXXXXXXX		
30	XXXXXXXX		30
31	XXXXXXXX		33
32	XXXXXXXX		26
33	XXXXXXXX		22
34	XXXXXXXX		
35	XXXXXXXX		
36	XXXXXXXX		19

#	UCI	CCF #	Day Program #
37	XXXXXXXX		
38	XXXXXXXX		25
39	XXXXXXXX		
40	XXXXXXXX		21
41	XXXXXXXX		27
42	XXXXXXXX		23
43	XXXXXXXX		
44	XXXXXXXX		16
45	XXXXXXXX		23
45	XXXXXXXX		
47	XXXXXXXX		16
48	XXXXXXXX		16
49	XXXXXXXX		
50	XXXXXXXX		28
51	XXXXXXXX		
52	XXXXXXXX		19
53	XXXXXXXX		18
54	XXXXXXXX		29
55	XXXXXXXX		
56	XXXXXXXX		17
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		

#	UCI	CCF #	Day Program #
77	XXXXXXXX		
78	XXXXXXXX		
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		
87	XXXXXXXX		
88	XXXXXXXX		
89	XXXXXXXX		
90	XXXXXXXX		
91	XXXXXXXX		
92	XXXXXXXX		
93	XXXXXXXX		
94	XXXXXXXX		

## HCBS Waiver Review Service Providers

CCF#	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX

Day Program#	Vendor
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX
23	XXXXXX
24	XXXXXX
25	XXXXXX
26	XXXXXX
27	XXXXXX
28	XXXXXX
29	XXXXXX
30	XXXXXX
31	XXXXXX
32	XXXXXX
33	XXXXXX



### SIR Review Consumers

#	UCI	Vendor
101	XXXXXX	XXXXXX
102	XXXXXX	XXXXXX
103	XXXXXX	XXXXXX
104	XXXXXX	XXXXXX
105	XXXXXX	XXXXXX
106	XXXXXX	XXXXXX
107	XXXXXX	XXXXXX
108	XXXXXX	XXXXXX
109	XXXXXX	XXXXXX
110	XXXXXX	XXXXXX